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DSL-BQA-99-029  
Supersedes BQA memo 98-008

To: Home Health Agencies

HHA 15

From: Rita Prigioni, Interim Director  
Bureau of Quality Assurance

### Home Health Licensure Survey Protocol Update

The purpose of this memorandum is to provide updated information related to the home health licensure survey protocol.

Effective January 14, 1998, the federal Health Care Financing Administration (HCFA) lifted the temporary moratorium on approving new Medicare certified home health agencies. HCFA also announced that *for initial Medicare certification, an HHA must provide care to a minimum of ten skilled patients. At least seven patients must be receiving active skilled care at the time of the on-site survey to allow surveyors to assess the quality of care being provided.* All home health agencies were notified through DSL-BQA program memorandum 98-008 of this change.

In addition, the Bureau of Quality Assurance also informed all home health agencies through the 98-008 memorandum that we would follow the Medicare requirements for the minimum number of skilled patients being served (a minimum of ten skilled patients) for initial licensure surveys. This change was made to facilitate accomplishing licensure surveys and Medicare surveys with one survey visit.

The protocol outlined above remains in effect for all entities seeking home health licensure and Medicare certification simultaneously. Entities seeking ONLY licensure will be required to demonstrate that they have served ten skilled patients. When submitting written notification of full operations, the entity must have seven active skilled cases. Fully operational means that the agency has served ten skilled patients, has seven active skilled patients, has provided the required services (skilled nursing and home health aide) and has the ability to demonstrate compliance with the minimum licensure requirements of Wisconsin Statute Chapter 50 and Wisconsin Administrative Code HSS 133.

During the onsite licensure only survey, BQA staff must be able to conduct a minimum of three skilled home visit observations. In addition to the home visits and related record review, staff will review a minimum of four additional clinical records (open or closed).

If the entity obtains only a regular license and subsequently requests Medicare certification, they must meet the Medicare requirement for initial Medicare certification (provide care to a minimum of ten skilled patients and have at least seven active patients receiving skilled care at the time of the survey).

Please direct any questions you may have to Jim Sniff, Home Health Supervisor, Health Services Section, at (608) 267-7389, or Barbara Woodford, Nurse Consultant, Provider Regulation & Quality Improvement Section, at (608) 264-9896.